

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COST CLAIMING INSTRUCTIONS NO. 2008-23

ANNUAL REVISIONS - SCHOOL DISTRICTS

OCTOBER 31, 2008

Government Code (GC) Section 17561 provides for the reimbursement of state mandated costs. Enclosed is information for updating the Mandated Cost Manual for Schools. The manual contains all forms and instructions that are necessary for school districts to file mandated cost claims with the State Controller's Office (SCO).

Reimbursement claims detailing the costs actually incurred in the 2007-08 fiscal year must be filed with SCO and be delivered or postmarked on or before **February 17, 2009**. If the reimbursement claim is filed after the deadline, but by **February 16, 2010**, the approved claim will be reduced by a late penalty of 10% without limit for initially filed claims and for continuing programs, the late fee is 10% not to exceed \$10,000. **Claims will not be accepted if filed more than one year after the deadline.**

Pursuant to GC Section 17561(d), the Controller will pay any eligible claim by August 15 or 45 days after the date the appropriation for the claim is effective, whichever is later.

Amounts appropriated for payment of program costs are shown beginning on page five under "Appropriations for the 2008-09 Fiscal Year." The fiscal years for which costs can be claimed for a program are shown beginning on page six under "Reimbursable State Mandated Cost Programs." To prepare for the 2007-08 reimbursement claims, forms in the manual should be duplicated to meet the district's filing requirements. Claim amounts should be rounded to the nearest dollar.

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
Other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

**MINIMUM CLAIM COST**

GC Section 17564(a) provides that no claim will be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds \$1,000, even if the individual school district's claim does not each exceed \$1,000. The county superintendent of schools must determine if the submission of the combined claim is economically feasible and be responsible for disbursing the funds to each

school district. Combined claims may be filed only when the county superintendent of schools is the fiscal agent for the school districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate must only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to SCO at least 180 days prior to the deadline for filing the claim.

## **ESTIMATED CLAIMS**

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

## **PROGRAM UPDATES FOR 2007-08 FISCAL YEAR**

### **Updates of Rates and Factors**

The following rates are to be used for filing 2007-08 reimbursement claims. These rates are computed by adjusting the 2006-07 rates by changes in the Implicit Price Deflator (IPD) as determined by the State Department of Finance's Report of April 30, 2008, *National Deflators, State and Local Purchases*. The change in the IPD for 2007-08 is 5.5%.

- *Ch. 448/75, Consolidation of Annual Parent Notification/Schoolsite Discipline Rules/Alternative Schools/Pupil Suspensions: Parent Classroom Visits (Program No. 272).*

The 2007-08 unit rate is \$0.0822 per page of printed notification material distributed to parents and guardians, and \$0.3268 per notice.

- *Ch. 961/75, Collective Bargaining (Program No. 11)*

The 2007-08 GNP Deflator factor for adjusting the 1974-75 Winton Act cost is \$4.315.

- *Ch. 498/83, Graduation Requirements (Program No. 26)*

The 2007-08 maximum reimbursement hourly rate for contract services is \$147.77. Staffing cost reimbursement is limited to salary and other remuneration differentials, if any, of a science teacher, and the cost of lab assistants or special training aids required by a science class.

The addition of science classes should have resulted in offsetting savings due to a corresponding reduction of non-science classes.

- *Ch. 1177/76, Immunization Records (Program No. 32)*

The 2007-08 unit rate is \$6.84 per new entrant (K-12). A new entrant does not include a student previously enrolled in a school within the State of California.

Payment of the cost of immunization records for 1992-93 and subsequent fiscal years are made pursuant to the State Mandates Apportionment System (SMAS) to those school districts with an established base year entitlement. An entitlement amount is determined by SCO by averaging the district's actual costs (from reimbursement claims filed) for 1989-90, 1990-91, and 1991-92, or any three consecutive fiscal years thereafter, adjusted by changes in the IPD. The amount of apportionment the district receives for 1992-93 and subsequent fiscal years is the base year entitlement amount adjusted by annual changes in IPD and workload. "Workload" means change in the district's average daily attendance (ADA) from the previous fiscal year.

Once the district has filed actual costs for 1989-90 through 1991-92, or any three consecutive

fiscal years thereafter, no further filing of claims is necessary. The claimant will automatically receive an annual payment by November 30 of each fiscal year. A district without an established entitlement amount must continue to file reimbursement claims until three consecutive fiscal years of costs are available to compute a base year cost.

- *Ch. 325/78, Immunization Records: Hepatitis B (Program No. 230)*

The 2007-08 unit rate is \$8.22 per new entrant (K-12) and \$4.30 per student in the seventh grade. A new entrant does not include a student previously enrolled in a school within the State of California.

- *Ch. 1423/84, Juvenile Court Notices II (Program No. 155)*

The 2007-08 unit rates for the number of notices received from the juvenile court system and distributed to school district personnel is \$48.29 per notice received, and the number of written requests received from parents or guardian to review the record to ensure the record has been destroyed is \$34.33 per letter received.

- *Ch. 498/83, Notification of Truancy (Program No. 48)*

The 2007-08 unit cost reimbursement is \$17.28 per initial truancy notification. The unit cost covers all costs (direct and indirect), including, but not limited to, identifying the truant pupil, preparing and distributing by mail or other methods of notification to parents or guardians, and associated record keeping.

- *Ch. 1347/80, Scoliosis Screening (Program No. 58)*

The 2007-08 unit cost rate is \$8.20 per student screened. This rate covers all costs (direct and indirect), incurred including activities for, but not limited to, parent notification, screening, re-screening, referral and follow-up, record keeping, and administration of the program.

- *Ch. 818/91, Aids Prevention Instruction II (Program No. 250)*

The 2007-08 uniform cost allowance is \$0.0827 per notice. This uniform allowance covers all of the direct and indirect costs incurred in compliance with this mandate.

- *Ch. 1208/76, Pupil Health Screenings (Program 261)*

The 2007-08 uniform cost allowance for: (a) Notification to Parents is \$0.0805; (b) Obtaining Parental Compliance is \$5.55; (c) Exclusion of Pupils is \$14.61; (d) Statistical Reporting is not applicable since the reimbursement period expired 12/31/04.

- *Ch. 1253/56, Pupil Suspensions, Expulsions, and Expulsion Appeals (Program 176)*

The 2007-08 unit cost rates are as follows: Preparation for expulsion hearing - \$173.86; conducting the expulsion hearing - \$217.22; and for the hearing officer or panel's expulsion recommendation to the Governing Board - \$256.91.

- *Ch. 465/76, Peace Officers Procedural Bill of Rights (Program 186)*

The 2007-08 unit cost rate for the Flat Rate Method is \$39.31.

## APPROPRIATIONS FOR THE 2008-09 FISCAL YEAR

### Item 6110-295-0001

272	(1)	Ch.	36/77	Annual Parent Notification	\$1,000
172	(2)	Ch.	98/94	Caregiver Affidavits	1,000
153	(3)	Ch.	161/93	Intradistrict Attendance	1,000
42	(4)	Ch.	486/75	Mandate Reimbursement Process	1,000 <sup>1</sup>
26	(5)	Ch.	498/83	Graduation Requirements	1,000
48	(6)	Ch.	498/83	Notification of Truancy	1,000
176	(7)	Ch.	498/83	Pupil Suspensions, Expulsions/Expulsion Appeals	1,000
277	(8)	Ch.	781/92	Charter Schools III	1,000
N/A	(9)	Ch.	799/80	PERS Death Benefits	1,000 <sup>2</sup>
250	(10)	Ch.	818/91	AIDS Prevention Instruction I and II	1,000
11	(11)	Ch.	961/75	Collective Bargaining	1,000
261	(12)	Ch.	1208/76	Pupil Health Screenings	1,000
173	(13)	Ch.	975/95	Physical Performance Tests	1,000
155	(14)	Ch.	1011/84	Juvenile Court Notices II	1,000
57	(15)	Ch.	1107/84	Removal of Chemicals	1,000
157	(16)	Ch.	1117/89	Law Enforcement Agency Notifications	1,000
32	(17)	Ch.	1176/77	Immunization Records	1,000
166	(18)	Ch.	1184/75	Habitual Truants	1,000
176	(19)	Ch.	1253/75	Pupil Expulsion Transcripts	1,000
150	(20)	Ch.	1306/89	Notification to Teachers of Public Expulsion	1,000
58	(21)	Ch.	1347/80	Scoliosis Screening	1,000
N/A	(22)	Ch.	1398/74	PERS Unused Sick Leave Credit	1,000 <sup>2</sup>
182	(23)	Ch.	309/95	Pupil Residency Verification and Appeals	1,000
251	(24)	Ch.	588/97	Criminal Background Checks II	1,000
184	(25)	Ch.	624/92	School Bus Safety I and II	0 <sup>3</sup>
186	(26)	Ch.	465/76	Peace Officers Procedural Bill of Rights	1,000
192	(27)	Ch.	36/77	Financial and Compliance Audits	1,000
195	(28)	Ch.	640/97	Physical Education Reports	1,000
198	(29)	Ch.	1120/96	Health Benefits for Survivors of Peace Officers & Firefighters	0 <sup>3</sup>
209	(30)	Ch.	917/87	County Office of Education Fiscal Accountability Reporting	1,000
258	(31)	Ch.	100/81	School District Fiscal Accountability Reporting	1,000
194	(32)	Ch.	126/93	Law Enforcement Sexual Harassment Training	0 <sup>3</sup>
206	(33)	Ch.	784/95	County Treasury Withdrawals	0 <sup>3</sup>
223	(34)	Ch.	736/97	Comprehensive School Safety Plans	1,000
230	(35)	Ch.	325/78	Immunization Records-Hepatitis B	1,000
228	(36)	Ch.	1192/80	School District Reorganization	1,000
249	(37)	Ch.	34/98	Charter Schools II	1,000
251	(38)	Ch.	594/98	Criminal Background Checks II	1,000
226	(39)	Ch.	1170/96	Grand Jury Proceedings	1,000
244	(40)	Ch.	100/81	Pupil Promotion and Retention	1,000
252	(41)	Ch.	331/98	Teacher Incentive Program	1,000
253	(42)	Ch.	30/98	Differential Pay and Reemployment	1,000
<b>Total Appropriations, Item 6110-295-0001</b>					<b><u>\$38,000</u></b>

<sup>1</sup> This program was suspended per Budget Act Item 8885-295-001, Sch. (3)(y) for the 2007-08 and 2008-09 fiscal years.

<sup>2</sup> Numbers (9) and (22) are for transfer to the Public Employees' Retirement Fund for reimbursement of costs incurred pursuant to 799/80 or 1398/74.

<sup>3</sup> These programs have been suspended for the 2007-08 and 2008-09 fiscal years.

## REIMBURSABLE STATE MANDATED COST PROGRAMS

For your convenience, the programs are listed in alphabetical order by program name. An "x" indicates the fiscal year for which a claim may be filed with SCO.

<b>2007-08 Reimbursement Claims</b>	<b>Pgm. #</b>	<b>School Districts and County Offices of Education</b>		
x	170	Ch.	77/78	Absentee Ballots
x <sup>1</sup>	269	Ch.	893/00	Agency Fee Arrangements
x	250	Ch.	818/91	AIDS Prevention Instruction II
x <sup>1</sup>	286	Ch.	603/94	California State Teachers' Retirement System (CalSTRS) Service Credit
x	172	Ch.	98/94	Caregiver Affidavits
x	278	Ch.	781/92	Charter Schools I, II, & III
x	209	Ch.	917/87	COE Fiscal Accountability Reporting
x	11	Ch.	961/75	Collective Bargaining
x	223	Ch.	736/97	Comprehensive School Safety Plans
x	272	Ch.	448/75	Consolidation of Annual Parent Notification/Schoolsite Discipline Rules/Alternative Schools
x <sup>1</sup>	276	Ch.	1117/89	Consolidation of Law Enforcement Agency Notifications (LEAN) and Missing Children Reports (MCR)
x	251	Ch.	594/98	Criminal Background Checks II
x	253	Ch.	30/98	Differential Pay and Re-employment
x	192	Ch.	36/77	Financial and Compliance Audits
x	26	Ch.	498/83	Graduation Requirements
x	166	Ch.	1184/75	Habitual Truant
x	198	Ch.	1120/96	Health Benefits for Survivors of Peace Officers & Firefighters
x <sup>1</sup>	268	Ch.	1/99	High School Exit Exam
x	32	Ch.	1176/77	Immunization Records
x	230	Ch.	325/78	Immunization Records: Hepatitis B
x	153	Ch.	161/93	Intradistrict Attendance

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<sup>1</sup> These are new programs and funding is not yet available for the 2007-08 and 2008-09 fiscal years.

## REIMBURSABLE STATE MANDATED COST PROGRAMS (Cont'd.)

2007-08 Reimbursement Claims	Pgm #	School Districts and County Offices of Education		
x	155	Ch.	1011/84	Juvenile Court Notices II
x <sup>1</sup>	265	Ch.	828/97	National Norm-Referenced Achievement Test
x	48	Ch.	498/83	Notification of Truancy
x <sup>4</sup>	150	Ch.	1306/89	Notification to Teachers: Pupils Subject to Suspension or Expulsion
x	186	Ch.	465/76	Peace Officers Procedural Bill of Rights
x	214	Ch.	875/85	Photographic Record of Evidence
x	195	Ch.	640/97	Physical Education Reports
x	173	Ch.	975/95	Physical Performance Tests
x <sup>1</sup>	291	Ch.	345/00	Pupil Discipline Records, and Notification to Teachers: Pupils Subject to Suspension or Expulsion II
x	261	Ch.	965/77	Pupil Health Screenings
x	244	Ch.	100/81	Pupil Promotion and Retention
x	182	Ch.	309/95	Pupil Residency Verification and Appeals
x	280	Ch.	498/83	Pupil Safety Notices
x	176	Ch.	1253/75	Pupil Suspensions, Expulsions, and Expulsion Appeals
x	57	Ch.	1107/84	Removal of Chemicals
x	258	Ch.	100/81	School District Fiscal Accountability Reporting
x	228	Ch.	1192/80	School District Reorganization
x	58	Ch.	1347/80	Scoliosis Screening
x	252	Ch.	331/98	Teacher Incentive Program
x	260	Ch.	498/83	The Stull Act
x	162	Ch.	1249/92	Threats Against Peace Officers

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<sup>4</sup> Program ends 07-08. For 08-09 and following use program 292, Consolidation of NTT I & II and PDR.

## **PROGRAMS SUSPENDED FOR THE 2007-08 AND 2008-09 FISCAL YEARS**

Pursuant to GC §17581.5, the following education state mandated programs are identified in the 2007 and 2008 State Budget Act, with a \$0 appropriation by the Legislature. Therefore, no claims for these programs may be filed for the 2007-08 and 2008-09 fiscal years.

### **Pgm. #**

206	Ch. 784/95	County Treasury Oversight Committee
198	Ch. 1120/96	Health Benefits for Survivors of Peace Officers & Firefighters
226	Ch. 1170/96	Grand Jury Proceedings
194	Ch. 126/93	Law Enforcement Sexual Harassment Training
42	Ch. 486/75	Mandated Reimbursement Process
184	Ch. 624/92	School Bus Safety I & II

**The following education state mandated programs have been determined to be optional, repealed, or overturned by the court:**

### **Pgm. #**

148	Ch. 172/86	Interdistrict Attendance Permits
149	Ch. 172/86	Interdistrict Transfer Requests: Parent's Employment
165	Ch. 668/78	Pupil Exclusions ( <b>AB 2855 and SB 512 eff. 1/1/05 and 10/7/05 resp.</b> )
156	Ch. 160/93	School District of Choice: Transfers and Appeals
199	Ch. 1138/93	Schoolsite Councils and Brown Act Reform
146	Ch. 87/86	Schoolsite Discipline Rules

**The Commission on State Mandates has set aside the Parameters and Guidelines for the following programs:**

### **Pgm. #**

179	Ch. 778/96	American Government Course Documentation Requirements
218	Ch. 641/86	Open Meetings/Brown Act Reform ( <b>AB 138 effective 07/19/05</b> )
109 <sup>2</sup>	Ch. 1607/84	School Crimes Statistic Reporting and Validation
151 <sup>2</sup>	Ch. 965/77	Pupil Classroom Suspensions: Counseling
154 <sup>2</sup>	Ch. 965/77	Pupil Suspension: Parent Classroom Visits
171	Ch. 1463/89	School Accountability Report Cards ( <b>AB 2855 and SB 512 eff. 1/1/05</b> )
190 <sup>2</sup>	Ch. 759/92	School Crime Reporting II

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<sup>2</sup> Pursuant to AB 2855, Ch. 895/04, effective 1/1/05, and AB 38, Ch. 72/05 effective 7/19/05.

## **AUDIT OF COSTS**

All claims submitted to SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with SCO's claiming instructions and the Commission on State Mandate's Parameters and Guidelines (Ps and Gs). If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC §17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

## **SOURCE DOCUMENTS**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating: "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

## **RETENTION OF CLAIMING INSTRUCTIONS**

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the School Mandated Cost Manual to replace the old forms. The instructions should then be retained permanently for future reference and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the year will be placed on SCO's Web site at [www.sco.ca.gov/ard/local/locreim/index.shtml](http://www.sco.ca.gov/ard/local/locreim/index.shtml).

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, send e-mail to [LRSDAR@sco.ca.gov](mailto:LRSDAR@sco.ca.gov), or call the Local Reimbursements Section at (916) 324-5729.

<b>Program</b> <b>272</b>	<b>MANDATED COSTS</b> <b>CONSOLIDATION OF ANNUAL PARENT NOTIFICATION/SCHOOLSITE DISCIPLINE</b> <b>RULES/ALTERNATIVE SCHOOLS</b> <b>FISCAL YEAR 2007-08</b>				<b>FORM</b> <b>1</b>
(01) Claimant			(02) Type of Claim		Fiscal Year
			Reimbursement <input type="checkbox"/>		
			Estimated <input type="checkbox"/>		20___/20___
(03) Uniform Cost Allowance					
(a)	(b)	(c)	(d)	(e)	
Reimbursement Rate Per Page	Reimbursement Rate Per Page	Specified Number of Pages	Sets Distributed, ADE, or ADA	Total (a) or (b) x (c) x (d)	
\$0.0822 for A to E	\$0.3268 for F				
				(a) x (c) x (d)	
				(b) x (c) x (d)	
(04) Total Cost					
<b>Cost Reduction</b>					
(05) Less: Offsetting Savings					
(06) Less: Other Reimbursements					
(07) Total Claimed Amount					Line (04)(e) – {(Line (05) + Line (06))}

<b>Program</b> <b>272</b>	<b>CONSOLIDATION OF ANNUAL PARENT NOTIFICATION/SCHOOLSITE DISCIPLINE RULES/ALTERNATIVE SCHOOLS</b>  <b>FISCAL YEAR 2007-08</b> <b>INSTRUCTIONS</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.  
 Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27C, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the unit rate per page for reimbursement of the cost of the annual parent notification/application from the following rates: \$0.0822 for Reimbursable Activities A to E, and \$0.3268 for Reimbursable Activity F.
- (b) Enter the total specified number of pages from the table below based on the applicable district population less the number of pages that the district was not in full compliance with a given program (see below for a list of program names). For example, if a district with a population of less than 500 students is in full compliance with all of the programs except that it fails to furnish a notification relating to transfers based on parent employment, it may not claim that portion of the page count for reimbursement. The total specified number of pages claimable by the district would be calculated as follows: [Column H - Column B] or [10.75 - 2.75] = 8.

	A	B	C	D	E	F
District Population	CSM 4453 \$ 48980 (h)	CSM 4461 \$ 48980(a)	CSM 4462 \$ 35291	CSM 4488 \$ 58501	97-TC-24 \$48980(c)	99-TC-09 00-TC-12 \$ 48980 (e), (j), (k) \$ 49063 (k)
	Ongoing	Ongoing		Ongoing	Ongoing	(e),(k), Ongoing (j) Ongoing
0 - 500	1	2.75	N/A	0.25	1.50	0.50 1.70
501-2,500	3	2.75	N/A	0.25	1.50	0.50 1.70
2,501-25,000	6	2.75	N/A	0.25	1.50	0.50 1.70
25,001 +	9	2.75	N/A	0.25	1.50	0.50 1.70

## Column Program Name

- A Pupil Attendance Alternatives
- B Annual Parent Notification
- C Schoolsite Discipline Rules
- D Alternative Schools
- E Staff Development Days/Internet Policy
- F Annual Parent Notification: High School Exit Exam/Grade Reduction & Text/Advanced Placement Fees/Prospectus of Curriculum

- (c) Enter the number of sets of notifications distributed, the actual district enrollment (ADE) at the time of distribution, or the district's annual average daily attendance (ADA).
- (d) Leave blank.
- (04) Enter the product of column (a) for Reimbursable Activities A to E, or (b) for Reimbursable Activity F, times (c) times (d). Refer to **Section IV. REIMBURSABLE ACTIVITIES**, of the Parameters and Guidelines, pages 5 and 6.
- (05) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (06) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (07) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (05), and Other Reimbursements, line (06), from Total Cost, line (04)(e). Enter the remainder on this line and carry the amount forward to form FAM-27C, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>011</b>	<b>MANDATED COSTS COLLECTIVE BARGAINING CLAIM SUMMARY</b>				<b>FORM</b> <b>1</b>
(01) Claimant			(02) Fiscal Year		
			20__/20__		
<b>Rodda Act Direct Costs</b>		<b>Cost Elements</b>			
(03) Reimbursable Activities	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel	(d) Contract Services	(e) Total
1. Determining Bargaining Units and Exclusive Representation					
2. Election of Unit Representation					
3. Cost of Negotiations					
4. Impasse Proceedings					
5. Collective Bargaining Agreement Disclosure					
6. Contract Administration					
7. Unfair Labor Practice Charges					
(04) Total Rodda Act Direct Costs					
<b>Winton Act Direct Costs</b>					
(05) Base Year, 1974-75 Direct Costs					
(06) Base Year Direct Costs Adjusted by IPD			[Line (05)(e) x 4.315 for 2007-08 F.Y.]		
(07) Increased Direct Costs			[Line (04)(e) – line (06)]		
<b>Indirect Costs</b>					
(08) Total Rodda Act Direct Costs less Contract Services			[Line (04)(e) – line (04)(d)]		
(09) Base Year Costs less Contract Services adjusted by IPD			[{Line (05)(e) – line (05)(d)} x 4.315]		
(10) Increased Direct Costs less Contract Services			[Line (08) - line (09)]		
(11) Indirect Cost Rate			[Form J-380 or J-580]		%
(12) Increased Indirect Costs			[Line (10) x line (11)]		
(13) Total Increased Direct and Indirect Costs			[Line (07) + line (12)]		
<b>Cost Reduction</b>					
(14) Less: Offsetting Savings					
(15) Less: Other Reimbursements					
(16) Total Claimed Amount			[Line (13) – {line (14) + line (15)}]		

<b>Program</b> <b>011</b>	<b>COLLECTIVE BARGAINING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred or are to be incurred.
- (03) For each of the reimbursable activities, enter the total allowable cost from form 2, line (05), columns (d) through (g) onto form 1, block (03), lines (1) through (7), columns (a) through (d). Total each line and enter in column (e).
- (04) Add columns (03)(d) and (e) for Cost Elements, and enter the totals on this line.
- (05) Method A. Enter the 1974-75 Winton Act (base year ) costs on line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).  
  
Method B. Enter the amount from form 1.1, line (04)(b) onto line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- (06) Method A. Multiply the base year cost on line (05)(e) by the implicit price deflator (IPD). The 2007-08 IPD is \$4.315.  
  
Method B. Enter the amount from form 1.1, line (04)(d).
- (07) Subtract the Base Year Direct Costs Adjusted by the IPD, line (06), from Total Rodda Act Direct Cost, line (04)(e).
- (08) Subtract Total Contract Services, line (04)(d), from Total Rodda Act Direct Costs, line (04)(e).
- (09) Subtract Base Year Contract Services, line (05)(d) from Base Year, 1974-75 Direct Costs, line (05)(e), and multiply the remainder by the IPD.
- (10) Subtract line (09) from Total Rodda Act Direct Costs line (08).
- (11) Enter the indirect cost rate. School districts (K-12) may compute the amount of indirect costs to claim by multiplying their total direct costs by the State Department of Education forms J-380 or J-580 rate applicable to the fiscal year of costs.
- (12) Multiply Incremental Direct Costs less Contract Services, line (10), by Indirect Cost Rate, line (11).
- (13) Enter the sum of Incremental Costs, line (07), and Incremental Indirect Costs, line (12).
- (14) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (15) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (16) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b> <b>026</b>	<b>MANDATED COSTS</b> <b>GRADUATION REQUIREMENTS</b> <b>ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>2</b>
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(01) Claimant	(02) Fiscal Year Costs Were Incurred
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(03) Reimbursable Activities: Check only **one** box per form to identify the being claimed.

<input type="checkbox"/> Acquisition Cost	<input type="checkbox"/> Remodeling Cost
<input type="checkbox"/> Staffing and Supplies	

(04) Description of Expenses: Complete columns (a) through (g).	<b>Object Accounts</b>
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(a)	(b)	(c)	(d)	(e)	(f)	(g)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contract Services	Fixed Assets

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(05) Total	<input type="text"/>	Subtotal	<input type="text"/>	Page:___of___				
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<b>Program</b> <b>026</b>	<b>GRADUATION REQUIREMENTS</b> <b>ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>2</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the cost activity being claimed. Check only one box per form. A separate form 2 shall be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, capital outlays, etc. The maximum reimbursable fee for contract services is \$147.77 for the 2007-08 fiscal years. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
<b>Salaries and Benefits</b>								
Salaries	Employee Name/Title	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries = Hourly Rate x Hours Worked				
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries				
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used			
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Dates of Service			Cost= Hourly Rate x Hours Worked Or Total Contract		Contract Invoices
<b>Fixed Assets</b>	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used				Invoices	Invoices

- (05) Total line (04), columns (d), (e), (f), and (g) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity/activity costs, number each page. Enter totals from line (05), columns (d), (e), (f), and (g) to Form -1, block (04), columns (a), (b), (c), and (d) in the appropriate row.

<b>Program</b> <b>032</b>	<b>MANDATED COSTS</b> <b>IMMUNIZATION RECORDS</b> <b>CLAIM SUMMARY</b>			<b>FORM</b> <b>1</b>
(01) Claimant		(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 20___/20___
<b>Claim Statistics</b>				
(03) Number of new entrants for each school in the district				
(a) Name of School	(b) Kindergarten Entrants	(c) Out-of-State Transfers	(d) Total	
(04) Total New Entrants				
(05) New Entrant Reimbursement Rate		[\$6.84 for 2007-08 actual]		
(06) Total Costs		[Line (04)(d) x line (05)]		
<b>Cost Reduction</b>				
(07) Less: Offsetting Savings, if applicable				
(08) Less: Other Reimbursements, if applicable				
(09) Total Claimed Amount				[Line (06) - {(line (07) + line (08))}]

<b>Program</b> <b>032</b>	<b>IMMUNIZATION RECORDS</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Number of new entrants for each school in the district. List in column (a) name of the school, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers. Total each row.
- (04) Total New Entrants. Add columns (b), (c) and (d).
- (05) New Entrant Reimbursement Rate. Enter the specified unit rate for the fiscal year of the claim.
- (06) Total Costs. Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.,) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (07), and Other Reimbursements, line (08), from Total Costs, line (06). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>230</b>	<b>MANDATED COSTS</b> <b>IMMUNIZATION RECORDS: HEPATITIS B</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant	(02) Fiscal Year <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-right: 5px;"></div> <div>/</div> </div>
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**Claim Statistics**

(03) Number of new entrants for each school in the district

(a) Name of School	(b) Kindergarten Entrants	(c) Out-of-State Transfers	(d) Total
(04) Total New Entrants			

(05) New Entrant Reimbursement Rate

[See table for actual rates]

(06) Total Cost

[Line (04)(d) x line (05)]

**Cost Reduction**

(07) Less: Offsetting Savings, if applicable

(08) Less: Other Reimbursements, if applicable

(09) Total Claimed Amount

[Line (06) – {(line (07) + line (08))}]

<b>Program</b> <b>230</b>	<b>IMMUNIZATION RECORDS: HEPATITIS B</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Number of new entrants for each school in the district. List in column (a) each school in the district, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers.
- (04) Add columns (b) and (c) and enter the total in column (d).
- (05) Enter the specified unit rate for the fiscal year of claim as follows:

<b>Fiscal Year</b>	<b>New Entrants</b>	<b>7<sup>th</sup> Grade</b>
2007-08	\$8.22	\$4.30

- (06) Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.), which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Subtract the sum of Offsetting Savings, line (07), and Other Reimbursements, line (08), from Total Costs, line (06). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b>  <b>155</b>	<b>MANDATED COSTS</b> <b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b>				<b>FORM</b>  <b>1</b>
(01) Claimant			(02) Fiscal Year ____ / ____		
<b>Claim Statistics</b>					
(03) (a) Average daily attendance (ADA) for the fiscal year					
(b) Number of juvenile court notices received during the fiscal year					
(c) Number of written requests received for destruction inquiry during fiscal year of claim					
<b>Unit Cost Method – Reimbursable Activities A, B, and C</b>					
(04) Cost of (03)(b) [Line (03)(b) x rate]					
(05) Cost of (03)(c) [Line (03)(c) x rate]					
(06) Total Costs [Line (04) + line (05)]					
<b>Actual Cost Method – Reimbursement Activity D</b>					
<b>Direct Costs</b>		<b>Object Accounts</b>			
		(a)	(b)	(c)	(d)
(07) Reimbursable Activities		Salaries and Benefits	Materials and Supplies	Contract Services	Total
A. Directory of Schools					
(08) Total Direct Costs					
<b>Indirect Costs</b>					
(09) Indirect Cost Rate [From J-380 or J-580]					%
(10) Total Indirect Costs [Line (08)(a) x line (09)]					
(11) Total Direct and Indirect Costs [Line (06) + line (08)(d) + line (10)]					
<b>Cost Reduction</b>					
(12) Less: Offsetting Savings					
(13) Less: Other Reimbursements					
(14) Total Claimed Amount [Line (09) - {(line (10) + line (11))}]					

<b>Program</b>  <b>155</b>	<b>MANDATED COSTS</b> <b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b>	<b>FORM</b>  <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) (a) Enter the average daily attendance (ADA) for the fiscal year of claim.
- (b) Enter the number of juvenile court notices received during the fiscal year of claim.
- (c) Enter the number of written requests that were received during the fiscal year of claim regarding destruction inquiry.
- (04) Total Cost of (03)(b). Enter the product of the number of juvenile court notices received, line (03)(b), times the unit cost allowance per court notice, for the fiscal year (\$48.29 for 2007-08 fiscal year).
- (05) Total Cost of (03)(c). Enter the product of the number of written requests received from parents or guardians to review the records, times the unit cost allowance per inquiry for the fiscal year (\$34.33 for 2007-08 fiscal year).
- (06) Enter the total costs by adding lines (04) and (05).
- (07) Reimbursable Activities. For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (f) to Form 1, block (07), columns (a) through (c) in the appropriate row. Total each row.
- (08) Total Direct Costs. Total columns (a) through (d).
- (09) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of costs.
- (10) Total Indirect Costs. Enter the product of multiplying Total Salaries and Benefits, line (08)(a), by the Indirect Cost Rate, line (09).
- (11) Total Direct and Indirect Costs. Enter the sum of Total Costs, line (06), Total Direct Costs (08)(d), and Total Indirect Costs, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. Line (11) less the sum of line (12) plus line (13). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b> <b>048</b>	<b>MANDATED COSTS</b> <b>NOTIFICATION OF TRUANCY</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
(01) Claimant		(02) Fiscal Year ____ / ____
<b>Claim Statistics</b>		
(03) Number of truant notifications		
(04) Unit Cost		[\$17.28 for fiscal year 2007-08]
(05) Total Costs		[Line (03) x line (04)]
<b>Cost Reduction</b>		
(06) Less: Offsetting Savings		
(07) Less: Other Reimbursements		
(08) Total Claimed Amount		[Line (08) - {line (09) + line (10)}]

<b>Program</b> <b>048</b>	<b>NOTIFICATION OF TRUANCY</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A Form-1 should be completed for each department.
- (02) Enter the fiscal year of costs.
- (03) Enter the number of truant notifications that were sent during the fiscal year of claim, upon the students' initial classification of truancy.
- (04) The unit cost rate for fiscal year 07-08 is \$17.28 per initial notification. This unit cost rate will be updated annually in the Annual Revisions for Schools issued in September.
- (05) Multiply line (03), the number of truant notifications by line (04), the unit cost rate.
- (06) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (08) Total Claimed Amount. From Total Costs, line (05), subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b>  <div style="background-color: yellow; padding: 5px; font-size: 24pt; font-weight: bold;">058</div>	<b>MANDATED COSTS</b> <b>SCOLIOSIS SCREENING</b> <b>CLAIM SUMMARY</b>	<b>FORM</b>  <div style="font-size: 36pt; font-weight: bold;">1</div>		
(01) Claimant	(02) Type of Claim <span style="float: right;">Fiscal Year</span> Reimbursement <input style="width: 40px;" type="text"/> Estimated <input style="width: 40px;" type="text"/> 20__/20__			
<b>Claim Statistics</b>				
(03) (a) Number of students screened				
(b) Number of students rescreened				
(c) Number of students referred to medical care				
<b>Unit Cost Method</b>				
(04) Total Costs	[Line (03)(a) x \$8.20 per student for 2007-08 F.Y.]			
<b>Actual Cost Method</b>				
<b>Direct Costs</b>	<b>Object Accounts</b>			
(05) Reimbursable Components	(a)	(b)	(c)	(d)
	Salaries and Benefits	Materials and Supplies	Contract Services	Total
1. Parental Notification				
2. Examination of Students				
3. Rescreening and Referral				
4. Administration of Program				
(06) Total Direct Costs				
<b>Indirect Costs</b>				
(07) Indirect Cost Rate	[From J-380 or J-580]			%
(08) Total Indirect Costs	[Line (06)(a) x line (07)]			
(09) Total Direct and Indirect Costs	[Line (06)(d) + line (08)]			
<b>Cost Reduction</b>				
(10) Less: Offsetting Savings				
(11) Less: Other Reimbursements				
(12) Total Claimed Amount	[Line (04) or line (09) – {line (10) + line (11)}]			

<b>Program</b> <b>058</b>	<b>SCOLIOSIS SCREENING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- From 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Number of students screened. Enter the number of students, seventh grade females and eighth grade males.
- (b) Number of students rescreened. Enter the number of students who are questionable after the first screening and are screened again at a later date by someone other than the original screener. Only claimants who select the Actual Cost Method of reimbursement must provide data on the number of students rescreened.
- (c) Number of students referred to medical care. Enter the number of students who have positive indication of scoliosis and are referred to medical care. Only the claimants who select the Actual Cost Method of reimbursement must provide data on the number of students referred to medical care.
- (04) Total Costs. If you are using the Unit Cost Method, multiply line (03)(a) by the rate of the reimbursable unit cost per student for the 2007-08 fiscal year. Do not complete line (05) through (09). Proceed directly to line (10) and complete through line (12).
- (05) Reimbursable Components. If you are using the Actual Cost Method, enter the cost related to each reimbursable component from form 2, line (05), columns (d), (e), and (f). Total each row.
- Do not complete line (04) if you are using the Actual Cost Method of reimbursement.
- (06) Total Direct Costs. Total block (05), columns (a), (b), (c), and (d).
- (07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of claim.
- (08) Indirect Costs. Enter the result of multiplying Total Direct Costs, line (06)(a), by the Indirect Cost Rate, line (07).
- (09) Total Costs. Enter the sum of line (06)(d) and line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.), which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.
- (12) Total Claimed Amount. If the Unit Cost Method is used, subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Total Costs, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program 250</b>	<b>MANDATED COSTS</b> <b>AIDS PREVENTION INSTRUCTION II</b> <b>FISCAL YEARS 2005-06 AND SUBSEQUENT YEARS</b> <b>CLAIMSUMMARY</b>			<b>FORM 1B</b>
(01) Claimant		(02) Fiscal Year  ____ / ____		
<b>Claim Statistics</b>				
(03) Leave blank.				
<b>Direct Costs</b>		<b>Object Accounts</b>		
(04) Reimbursable Activities		(a) Number of Notices	(b) Number of Notices	(c) Total (a) x (b)
<b>B. Notification</b>				
1.	<b>Annual Parent Notification</b>			
a.	Notices to Parents of AIDS Instruction		\$0.0827	
2.	<b>Parent Notification of Guest Speaker and/or Assembly on API</b>			
a.	Notices of AIDS Instructions Activities		\$0.0827	
b.	Notices of Instruction Schedule		\$0.0827	
(05) Total Costs		[Transfer to form 1A, line (09)]		

Program  
**250**

**AIDS PREVENTION INSTRUCTION II  
FISCAL YEARS 2005-06 AND SUBSEQUENT YEARS  
CLAIM SUMMARY  
INSTRUCTIONS**

**FORM  
1B**

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Leave blank.
- (04) For each reimbursable activity, enter the number of notices in column (a). The unit cost allowance for 2007-08 is \$0.0827. This will be adjusted each subsequent year by the Implicit Price Deflator. Enter the product of column (a) times column (b) in column (c).
- (05) Total column (c) and transfer this amount to Form 1A, line (09).

<b>Program</b> <b>261</b>	<b>MANDATED COSTS</b> <b>PUPIL HEALTH SCREENINGS</b> <b>CLAIM SUMMARY</b>			<b>FORM</b> <b>1</b>
(01) Claimant		(02)		Fiscal Year  ____/____
<b>Claim Statistics</b>				
(03) (a) Number of notifications issued				
(b) Number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers				
(c) Number of first grade pupils excluded from school				
<b>Costs</b>				
(04) Reimbursable Activities:		Numbers (See (03))	Uniform Cost Allowance (See Table)	Total (II) x (III)
(I)		(II)	(III)	(IV)
(a) Notification to Parents				
(b) Obtaining Parental Compliance				
(c) Exclusion of Pupils				
(05) Total Costs				
<b>Cost Reduction</b>				
(06) Less: Offsetting Savings, if applicable				
(07) Less: Other Reimbursements, if applicable				
(08) Total Claimed Amount				[Line (05) – {(line (06) + line (07))}]

<b>Program</b> <b>261</b>	<b>PUPIL HEALTH SCREENINGS</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Enter the numbers to line (a) the number of notifications issued, line (b) the number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers, and line (c) the number of first-grade pupils excluded from school.
- (04) Enter the numbers from line (03) to each corresponding letters to column (04)(II). Also, enter the uniform cost allowance to line (04) column (III) from the table below.

**Reimbursable Activities****Uniform Cost Allowance****2007-08 Fiscal Year**

(a) Notification to Parents	\$ 0.0805
(b) Obtaining Parental Compliance	\$ 5.5537
(c) Exclusion of Pupils	\$14.6102

Multiply lines (a) to (c) from column (II) (Numbers) by column (III) (Uniform Cost Allowance)

- (05) Add and enter the total to column (IV).
- (06) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Cost, line (05) column (IV). Enter the remainder of this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 2em; font-weight: bold;">176</span>	<b>MANDATED COSTS</b> <b>PUPIL SUSPENSIONS, EXPULSIONS, AND EXPULSION APPEALS</b> <b>FISCAL YEAR 2006-07 AND SUBSEQUENT FISCAL YEARS</b> <b>CLAIM SUMMARY</b>				<b>FORM</b> <b>1B</b>
(01) Claimant			(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year
<b>Claim Statistics</b>					
(03) Number of mandatory recommendations for expulsion that resulted in expulsion hearings					
(04) Unit Cost Allowance					
(a)	(b)	(c)	(d)	(e)	
<b>Preparation for Expulsion Hearing</b> P's & G's § IV. D.3(a) Rate for 2007-08 FY	<b>Conducting Expulsion Hearing</b> P's & G's § IV. D. 3(b) Rate for 2007-08 FY	<b>Hearing Officer or Panel's Expulsion Recommendation to Governing Board</b> P's & G's § IV. D. 3(c) Rate for 2007-08 FY	<b>Record of Hearing</b> P's & G's § IV. D. 3(d) Rate for 2007-08 FY	<b>Total</b>	
\$173.86				(3) x (04)(a)	
	\$217.22			(3) x (04)(b)	
		\$256.91		(3) x (04)(c)	
			\$2.21	(3) x (04)(d)	
(05) Total Cost					
<b>Cost Reduction</b>					
(06) Less: Offsetting Savings					
(07) Less: Other Reimbursements					
(08) Total from form 1A, line (11)					
(09) Total Claimed Amount <div style="text-align: right; font-size: 0.8em;">Line (05)(e) – {Line (06) + Line (07)} + line (08)]</div>					

<b>Program</b> <b>176</b>	<b>PUPIL SUSPENSIONS, EXPULSIONS, AND EXPULSION APPEALS</b> <b>FISCAL YEAR 2006-07 AND SUBSEQUENT FISCAL YEARS</b> <b>INSTRUCTIONS</b>	<b>FORM</b> <b>1B</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1B must be filed for a reimbursement claim. Do not complete form 1B if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1B must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of mandatory recommendations for expulsion that resulted in expulsion hearings during the fiscal year of claim.
- (04) (a) Preparation for Expulsion Hearing. The unit cost rate for fiscal year 2007-08 is \$173.86.
- (b) Conducting Expulsion Hearing. The unit cost rate for fiscal year 2007-08 is \$217.22.
- (c) Hearing Officer or Panel's Expulsion Recommendation to Governing Board. The unit cost rate for fiscal year 2007-08 is \$256.91.
- (d) Record of Hearing. The unit cost rate for fiscal year 2007-08 is \$2.21.
- (05) Total Cost. Enter the total of column (e).
- (06) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim. If the savings were already deducted on form 1A, it may not be deducted here.
- (07) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts. If other reimbursements were already deducted on form 1A, it may not be deducted here.
- (08) Enter the total brought forward from form 1A, line (11).
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Cost, line (05)(e) and add the total transferred from form 1A, line (11). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b>  <span style="font-size: 2em; font-weight: bold;">186</span>	<b>MANDATED COSTS</b> <b>PEACE OFFICERS PROCEDURAL BILL OF RIGHTS (POBOR)</b> <b>SCHOOLS</b> <b>CLAIM SUMMARY</b>	<b>FORM</b>  <span style="font-size: 3em; font-weight: bold;">1</span>				
(01) Claimant _____		(02) _____ Fiscal Year <div style="text-align: right;">___ / ___</div>				
<b>Claim Statistics</b>						
(03) Number of full-time sworn peace officers employed by the district during this fiscal year						
<b>Flat Rate Method</b>						
(04) Total Cost [Line (03) X \$39.31 for 07-08 fiscal year] [Enter total on line (09)]						
<b>Actual Cost Method</b>						
<b>Direct Costs</b>	<b>Object Accounts</b>					
(05) Reimbursable Activities	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
A. Administrative Activities						
B. Administrative Appeal						
C. Interrogations						
D. Adverse Comment						
(06) Total Direct Costs						
<b>Indirect Costs</b>						
(07) Indirect Cost Rate [From J-380 or J-580]					%	
(08) Total Indirect Costs [Line (06)(a) x line (07)]						
(09) Total Direct and Indirect Costs [Refer to claiming instructions]						
<b>Cost Reduction</b>						
(10) Less: Offsetting Savings						
(11) Less: Other Reimbursements						
(12) Total Claimed Amount [Line (09) - {(line (10) + line (11))}]						

<b>Program</b>  <b>186</b>	<b>MANDATED COSTS</b>  <b>PEACE OFFICERS PROCEDURAL BILL OF RIGHTS (POBOR)</b>  <b>SCHOOLS</b>  <b>CLAIM SUMMARY</b>	<b>FORM</b>  <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) Enter the number of full-time sworn peace officers who were employed by the school district during the fiscal year of claim.
- (04) Total Cost. Multiply the number of peace officers from line (03) by the flat rate for the fiscal year, and enter the result on lines (04) and (09).
- (05) Reimbursable Activities. For each reimbursable activity, enter the total from form 2, line (05), columns (d) through (h) to form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (06) Total Direct Costs. Total columns (a) through (f).
- (07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of costs.
- (08) Total Indirect Costs. Enter the product of multiplying Total Salaries and Benefits, line (06)(a), by the Indirect Cost Rate, line (07).
- (09) Total Direct and Indirect Costs. Flat Rate Method: Enter the total from line (04).  
  
Actual Cost Method: Enter the sum of Total Direct Costs, line (06)(f), and Total Indirect Costs, line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (12) Total Claimed Amount. Line (09) less the sum of line (10) plus line (11). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.